PLEASE TYPE O	RPRINT	Entered prev	ious May Show
		(TAXIES	□ no
Ms.		AA S	
Mr. Artist	ones,	Marvin	
Permanent			(Last Name Last)
Address 2924	E. Over	ook Rd.	Cl. Heigh
Stree	t		City
44118	Tel. (216)	932-4090	or 687-200
Zip	Area Code		
Temporary or Studio Address	ds at	DOVE	
Str	eet		City
	Tel. ()		
Zip	Area Code		
If you do not preso			
Western Reserve, v	which county	were you born	in?
Collaborator	No.		
Condborator	(If Any)		
If May Show entrie	es are not acc	cented or not so	dd.
Artist will pick			na.
☐ Museum shoul			
			a adduses.
iviuseum snoui	u sinp to arti	st C.O.D. at thi	s address:
Special Instruction	s		
When necessary in	clude below	instructions or	a drawing of

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

placement is indicated in slides

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until May 30, 1982.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature A

\ \ DO NOT DETACH